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Follow-up to the World Summit for Social Development and the twenty-fourth special session of the General Assembly: priority theme: improving public-sector effectiveness

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The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31 of 25 July 1996.

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HIV/AIDS is not just a health issue, but a global problem that is setting back decades of development gains and constitutes a veritable threat to human security. Noting that "**less than 5 per cent of those who could benefit from antiretroviral treatment have access to the drugs**" (Report of the Secretary General on the "Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS: Progress towards implementation of the Declaration of Commitment on HIV/AIDS" P.8. A/58/184), the above named non-governmental organizations, members of the NGO Working Group on HIV/AIDS, have prepared specific recommendations to improve the effectiveness of the public sector in addressing this urgent challenge.

We believe that the **"3 X 5" initiative**, with the goal of treating 3 million people infected with HIV/AIDS with antiretroviral drugs by 2005, is possible if governments have the political will to direct their energies and resources to realising this goal. This is a social development issue which engages the public sector. WHO is offering support structures to enable the health systems to respond effectively in implementing the programme. NGOs have already experience and development models which demonstrate it is indeed a possibility to significantly roll-back the HIV/AIDS by 2005. With a concerted effort of all groups, and very specific steps to meet the 3X5 goal, we make the following recommendations.

At the ICASA meeting (International Conference on AIDS and STIs in Africa) in Nairobi the month of September 2003 UNAIDS brought together for a consultation officials from national coordinating bodies and relevant ministries of African nations, major funding mechanisms, multilateral and bilateral agencies, NGOs and the private sector. They agreed on the importance of:

1) linkages between national HIV/Action Frameworks and poverty-reduction and development frameworks, including the MDGs;

2) engagement of civil society and the private sector in delivery of services, while retaining adequate capacity in the public sector;

3) rationalising drug procurement to ensure the lowest pricing, assured quality and continuity in supply;

4) national AIDS authority as an overarching coordinating body and policy leader.

At the same ICASA meeting WHO launched its **"3 x 5" Initiative** which has as its aim to assure the treatment of 3 million people living with HIV/AIDS with antiretroviral drugs by the year 2005.

We agree with the leadership of WHO that this effort of treating 3 million persons with ARVs by the year 2005 is possible.

Successful pilot programs carried out by Doctors without Borders in eleven countries give strong evidence for the grounds of this hope. Their project in Khayelitsha in the Western Cape, South Africa demonstrates:

1) ARV therapy can be safely and effectively used in resource poor areas;

2) Management of ARV therapy can be easier and more economic in the long run than of persons living with AIDS not on therapy;

3) The approach to AIDS bolsters the entire health system by easing the need for hospitalisation and treatment of opportunistic infections;

4) The positive effect of treatment gives sufferers hope and encourages others to willingly be tested;

5) By improving the quality of life of persons living with AIDS and extending their life, they can remain part of the productive work force and their children are spared from becoming orphans.

We, too, are convinced that the experience is replicable.

According to Doctors without Borders, after the introduction of the widespread use of ARVs in Brazil in 1996, the incidence of AIDS dropped 50% between the years 1996-99, and the government saved an estimated $472 million otherwise needed for hospitalisation and treatment of persons with opportunistic infections in 1997-99.

Leonard S. Rubenstein, executive director of Physicians for Human Rights, has clearly stated, "Our analysis shows that there is no reason to be sceptical that widespread treatment for HIV/AIDS can be administered, despite the health infrastructure deficits in many poor countries, particularly in Africa. We have found that many components necessary to jumpstart HIV/AIDS treatment are already in place. What is needed now is a firm commitment by the world to fund programs that prevent and treat the greatest public health crisis of our time. It is time for the international community to commit itself to making the WHO goal a reality."

We also, however, noted in the report of the Secretary General ("Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS: Progress towards implementation of the Declaration of Commitment on HIV/AIDS" A/58/184), "Financing trends still suggest that global funding for HIV/AIDS programmes will **fall far short of the estimated $10.5 billion required annually by 2005 . . . And almost $15 billion by 2007.** To finance the global response needed to ensure achievement of the Declaration's future commitments, annual funding for HIV/AIDS programmes must increase three fold over current levels by 2005, and five fold by 2007" (P.1, 50, 59i)

For these reasons, the NGO Working Committee on HIV/AIDS recommends that governments direct their energies and resources to realising the "3X5" goal. It is possible to reverse the scourge of the HIV/AIDS pandemic in keeping with the Millennium Declaration.

Policy recommendations

A. To developing countries

- Governments of countries with high incidence of HIV/AIDS should endorse and promote the WHO 3X5 Initiative.

- To improve the health services in the public sector, those same governments should optimise those services offered by WHO to facilitate the realization of the "3x5" Initiative by:

  1) Encouraging the adoption of the simplified, standardised treatment guidelines published by WHO on 1st December 2003;

  2) Using the AIDS Drug and Diagnostic Facility, established by WHO, to assist in the advantageous purchase of necessary drugs, especially ARVs;

  3) Studying the eligibility of sector personnel to benefit from the emergency expansion by WHO of training and capacity development for health professionals to deliver simplified and standardised antiretroviral treatment.

- Governments should foster greater collaboration between the public sector and NGOs in order to provide their populations in need with ARVs and coordinate a national strategy to address the prevention and treatment of HIV/AIDS.

B. To industrialised countries

- Governments should honour their pledges to the Global Fund and incrementally increase their investment in global human security.

- Governments should seriously consider the International Financing Facility proposed by the UK to obtain the greatest benefit as soon as possible.

- Creditor governments should actively negotiate "debt swaps" so that debtor countries burdened with domestic health crises can redirect into their health budgets what they need now for the service of debts. This would have a significant impact on country's ability to improve the effectiveness of the public sector. At the High Level Dialogue during the General Assembly meeting on HIV/AIDS in September 2003 President Olusegun Obasanjo stated that Nigeria had to pay out in servicing its debt eight times what was needed for the health services and the country could currently only afford 6.4% of the national budget for health.

- Encourage the private sector to be open to initiatives such as the one brokered in September 2003 by the Clinton Foundation in favour of drastically reducing the cost of ARVs to countries in greatest need.

Conclusion

Civil society has been very deeply touched by seeing the human face of the HIV/AIDS pandemic. It is increasingly alarmed that more is not getting done, especially in directing resources to the Global Fund, in order to reverse this terrible plague of our time. It is a dramatic example of how social development cannot be fostered without economic inputs. But we are also heartened to see how public pressure and concerted efforts have greatly reduced the cost of antiretroviral drugs, which offer hope to millions around the globe. WHO and Doctors without Borders both believe that the possibility to redress this situation is now within reach. We ask governments to ensure that the public sector seize this moment to become a more effective channel of hope for the world's affected population, especially the poor and vulnerable groups who depend upon it.